

**REQUEST FOR QUOTES  
#22-106Q**

**Airport Transportation Services**



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**Oconee County, SC  
Issued: June 12, 2023**

Procurement Office  
415 South Pine Street  
Walhalla, SC 29691

Phone: (864) 638-4141  
Fax: (864) 638-4142

OCONEE COUNTY, SOUTH CAROLINA

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RFQ TITLE: **Airport Transportation Services**

RFQ DUE DATE/TIME: **Thursday, June 29, 2023 @ 2:00pm EST**

RFQ NUMBER: **22-106Q**

POINT OF RECEIPT: Procurement Office  
Attn: Katie Brown  
Assistant Procurement Director  
Oconee County Administration Offices  
415 South Pine Street  
Walhalla, SC 29691

Quotes shall be emailed to Katie Brown, [kbrown@oconeesc.com](mailto:kbrown@oconeesc.com), or faxed to 864-638-4142 prior to **Thursday, June 29, 2023 @ 2:00pm EST**.

**This is a request for quote; therefore, there will NOT be a public opening.**

All questions regarding this solicitation must be submitted in writing to Katie Brown via email: [kbrown@oconeesc.com](mailto:kbrown@oconeesc.com). The last day for questions will be **Tuesday, June 20, 2023 by 2:00pm EST**.

## **SECTION 1: INTRODUCTION & BACKGROUND**

Oconee County Regional Airport is seeking to offer transportation to and from Clemson University, Memorial Stadium for Clemson Home Football games with the of hiring an external Company to operate a whole-owned, self-contained transportation program. The County expects each quotation to demonstrate how the Company's proposed service shall provide competitive pricing for services, as well as, to provide references demonstrating past experience with other public or private entities.

### **Company Responsibility:**

The Company shall be responsible for verifying any and all information and to familiarize themselves with the site location and work required, prior to submitting a quotation. The Company is expected to examine the properties and to form their own conclusions as to its suitability for this operation. The County makes no guaranty or warranty, either expressed or implied, with respect to the property.

### **Inspection of Property:**

The Oconee County Regional Airport is available for inspection during normal business hours – Contact Jeff Garrison, Airport Director, 864-882-2959 or email [jgarrison@oconeesc.com](mailto:jgarrison@oconeesc.com). There shall be **NO** questions or answers provided during this inspection. (This inspection of property is for viewing only.) All questions shall be submitted, in writing, via email at [tpopham@oconeesc.com](mailto:tpopham@oconeesc.com).

### **Terms of the Agreement:**

The services described in this solicitation shall be for one year with four possible one-year renewals. Any renewal is contingent upon satisfactory performance by the Company and the County's desire to continue with these services.

### **Contract Term**

Vendors shall guarantee prices for a period of one year, beginning August 1, 2023; with the option to renew for four additional one-year periods, based upon mutual agreement of the vendor and Oconee County.

## SECTION 2: SCOPE OF SERVICES

### GENERAL

- A. The Company shall be responsible for reviewing and complying with all laws, regulations, and ordinances applicable to transportation service operations.
- B. The Company shall provide all necessary furnishings, equipment, and merchandise related to operating a successful transportation service business. *For example:* number and type of vehicles in fleet.
- C. The Company may not install temporary improvements or other property without express written approval from the County. The Company is authorized to have two (2) transport vans, in an area designated by the Airport Director.
- D. All Vehicles must be in a condition that represents the County in a well manor.
  - i) The Company shall maintain a clean vehicle condition throughout, both interior and exterior, at all times.
  - ii) Oconee County reserves the right to inspect vehicles at any of the pick-up and drop-off sites anytime during operational hours.
- E. If the Company wishes to display any advertisement, prior approval from the County is required.
- F. The Company may operate out of the Oconee County Regional Airport. Area or space is to be determined. Office equipment or replacement equipment desired by the Company will be at the Company's expense.
- G. The public's right shall not be infringed upon by any activity of the Company or any of its employees, agents, or sub-Companies. The activities of the Company shall be to render service to the public in a dignified manner.
- H. The Company shall use no undue pressure, coercion or persuasion in an attempt to influence the public to use the services of the Company.
- I. The Company shall operate in a manner that will ensure the convenience and safety of the public.
- J. The Company shall offer quality services at competitive prices.
- K. All pricing for all goods and services are to be posted and visible for all customers.
- L. The Company shall maintain all facilities and equipment in a clean and sanitary condition.
- M. The Company must comply with all laws, ordinances, regulations and codes of the Federal, State, and Local Governments, which may in any way affect the preparation of quotations or the performance of the contract.
- N. The Company (and Respondent's employees' and contractors') relationship to The County shall be that of independent contractor and not deemed to be an employee or agent of The County.
- O. The Company will be responsible for all Federal, State, and Local taxes.
- P. The Company must comply with all laws, ordinances, regulations and codes of the Federal, State, and Local Governments, which may in any way affect the preparation of quotations or the performance of the contract.

### AVAILABILITY OF VEHICLES AND OPERATORS

- A. At a minimum, the Company shall have available, for Shared Ride service operations, two (2), fourteen (14) Passenger Vans.
- B. The Company shall properly maintain and insure all vehicles during the contract period.
- C. The Company shall ensure that each operator has sufficient time to load and unload passengers in a safe and timely manner.

**Hours of Operation:**

**At minimum**, the Company shall be on site at the Oconee County Regional Airport three (3) hours prior to kickoff and continue running the shuttle for three (3) hours after the game ends.

Passengers will request transportation on site or by directly contacting the operator’s contact number.

**HOURS AND DAYS OF SERVICE(S)**

- A. 2023 Clemson Football Schedule (Home Games) Times are TBD.  
(Dates and times are subject to change. These are determined by Clemson University.)

Sept. 9: vs. CHARLESTON SOUTHERN  
 Sept. 16: vs. FLORIDA ATLANTIC  
 Sept. 23: vs. FLORIDA STATE  
 Oct. 7: vs. WAKE FOREST  
 Oct. 14: Open Date  
 Nov. 4: vs. NOTRE DAME  
 Nov. 11: vs. GEORGIA TECH  
 Nov. 18: vs. NORTH CAROLINA

- B. The Company must provide at least one staff person to remain in the Oconee County Regional Airport area at all times when the operation is open in order to answer questions passengers may have regarding transportation.
- C. Any closing of the transportation operation must be coordinated with Oconee County Regional Airport Director.

**Reservations & Payments:**

Methods and/or procedures for transportation requests and payments for transportation are at the discretion of the Company; however, records of all reservations, cancellations, payments and refunds must be accessible on-site to the County personnel.

**Refund Policy:**

The refund policy pertaining to the cancellation of a booked rental must be included in the response to this RFQ. Customer refund policy should contain documented customer signed sales slips indicating receipt of a refund.

**Rules & Policies:**

Any activities which are outside the specifications described in this RFQ shall be in violation of the RFQ unless permission has been granted, in writing, by the County. The Company, by submitting a quotation, agrees to comply strictly with all applicable municipal, county, and state laws pertaining to this transportation service operation.

No alcohol or drugs are allowed on County Property.

**Release of Liability:**

The Company, prior to transportation services shall obtain a release of liability exempting the County of liability. A release of liability form shall be enclosed with quotation. The release form must be approved by the County.

The Company, shall indemnify, save and hold harmless and defend the County against any and all fines, claims, damages, losses, judgments, and expenses, arising out of or in any way connected with the performance of the duties covered by this agreement.

Furthermore, the Company shall maintain for the duration of the contract agreement and for a period three (3) years thereafter, on file at his place of business, copies of such agreements as he/she may have obtained. The Company further agrees that said releases shall be made available upon request to the auditors or other authorized person(s) the County may designate during the prescribed period.

## **INSURANCE**

The successful contractor shall procure, maintain, and provide proof of insurance coverage for injuries to persons and/or property damage as may arise from, or in conjunction with, the work performed on behalf of the County by the contractor, his agents, representatives, employees or subcontractors. Proof of coverage as contained herein shall be submitted fifteen (15) days prior to the commencement of work and such coverage shall be maintained by the contractor for the duration of the contract period; for occurrence policies.

- A. **Commercial General Liability:** Coverage shall be as broad as: Comprehensive General Liability endorsed to include Broad Form, Commercial General Liability Form including Products/Completed Operations.

Minimum Limits:

\$1,000,000 General Aggregate Limit  
\$1,000,000 Products & Completed Operations  
\$1,000,000 Personal & Advertising Injury  
\$1,000,000 Each Occurrence Limit  
\$50,000 Fire Damage Limit  
\$5,000 Medical Expense Limit

- B. **Business Commercial Automobile Liability:** Coverage sufficient to cover all vehicles owned, used, or hired by the contractor, his agents, representatives, employees or subcontractors.

Minimum Limits:

\$1,000,000 Combined Single Limit  
\$1,000,000 Each Occurrence Limit  
\$5,000 Medical Expense Limit

- C. **Workers' Compensation:** Limits as required by the Workers' Compensation Act of SC, to include state's endorsement for businesses outside of SC. Employer's Liability, \$1,000,000.

### **Coverage Provisions**

1. All deductibles or self-insured retention shall appear on the certificate(s).
2. Oconee County, its' officers/ officials, employees, agents and volunteers shall be added as "additional insured" as their interests may appear. This provision does not apply to Professional Liability or Workers' Compensation/Employers' Liability.
3. The contractor's insurance shall be primary over any applicable insurance or self-insurance maintained by the County.
4. Shall provide 30 days written notice to the County before any cancellation, suspension, or void of coverage in whole or part, where such provision is reasonable.

5. All coverage for subcontractors of the contractor shall be subject to all of the requirements stated herein.
6. All deductibles or self-insured retention shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, either; the insurer shall reduce or eliminate such deductible or self-insured retention; or the contractor shall be required to procure a bond guaranteeing payment of losses and related claims expenses.
7. Failure to comply with any reporting provisions of the policy(s) shall not affect coverage provided the County, its officers/officials, agents, employees and volunteers.
8. The insurer shall agree to waive all rights of subrogation against the County, its' officers/officials, agents, employees or volunteers for any act, omission or condition of premises which the parties may be held liable by reason of negligence.
9. The contractor shall furnish the County certificates of insurance including endorsements affecting coverage. The certificates are to be signed by a person authorized by the insurance company(s) to bind coverage on its behalf, if executed by a broker, notarized copy of authorization to bind, or certify coverage must be attached.

All insurance shall be placed with insurers who are lawfully authorized to do business in the state of SC, and who maintain an A.M. Best rating of no less than an A:VII. If A.M. Best rating is less than A:VII, approval must be received from the County's Risk Manager.

## **EQUIPMENT**

The Company shall provide a complete list of vehicles that will be used for these transportation services to include:

- Year, Make and Model of vehicle(s)

## **PERSONNEL & EXPERIENCE**

- A. All persons involved in rental operations are required to undergo a background check and drug test at the Company's expense. In addition, it is the Company's responsibility to insure all new hires, officers, and agents, are communicated to the Oconee County Airport Director or his/her designee after completion of the background checks and drug testing. It is the responsibility of the Company to issue individual identification badges upon successful completion of the background check and drug test. No individual shall be permitted to provide services without this identification. The County reserves the right to request random drug testing of all of the Company's personnel.
- B. Oconee County includes a diverse population and the Company shall reflect this diversity by encouraging diversity in employment of staff.
- C. The Company shall have documented experience in the applicable industry for the goods and services which will be managed. This documentation and references are a requirement and evaluation factor of this RFQ.
- D. All employees, officers, and/or agents of the Company shall be neatly attired in uniform/T-shirts that identify them as Company employees and not Oconee County employees.
- E. The design of such uniforms shall be subject to the prior approval of the County. All uniforms worn shall be maintained in a neat and clean manner.
- F. All employees, officers, and/or agents of the Company shall wear identification badges that will be furnished by and at the expense of the Company.

## **SAFETY REGULATIONS**

Provide a description of how the safety of the public and staff will be protected.

- A. All accidents, injuries, overdue customers or known violations of applicable laws shall be reported to the Oconee County Regional Airport Director as soon as possible.

## **BUSINESS PLAN**

The Company should describe the effort and skills necessary to operate the business. The plan should be described in sufficient detail to permit the County to evaluate it fairly in relation to all other quotations with a minimum of possible misinterpretation.

The business plan is a comprehensive description of the planned mode of operation and use of the premises with emphasis on safety, service to the public, and cash controls.

This plan must include, but not be limited to the following:

- The company's plan for operating the facility and accomplishing the work and requirements set forth in the RFQ.
- The company's plan to offer quality service to the public.
- Organizational chart.
- Number of employees and their relevant qualifications.
- Proposed hours of operation.
- A complete listing of all fees to be charged during the term of agreement.

## **COMPENSATION**

The passenger requesting the ride shall pay all fees directly to the awarded company. Oconee County is not responsible for any scheduling or fees.

## **QUESTIONS**

The last day for questions will be **Tuesday, June 20, 2023 by 2:00pm EST**. Questions can be submitted to Katie Brown via email: [kbrown@oconeesc.com](mailto:kbrown@oconeesc.com).



## **EXHIBIT A TO SECTION 2: EVALUATION CRITERIA**

### **RFQ 22-106Q Airport Transportation Services**

Oconee County shall evaluate each written quotation, determine whether oral discussions are necessary, then based on the content of the written quotation and any oral discussion, select the Company best qualified for the project and which is most advantageous to Oconee County, based on the following factors listed below.

The evaluation criteria will be:

- 1. Qualifications/Capabilities of the Company – 30%**
- 2. Experience with similar projects– 30%**
- 3. Scope of Services – 30%**
- 4. Compensation – 10%**

Oconee County reserves the right to accept and/or reject any and all quotations received as a result of this request, and to negotiate with any and all qualified quotations. An award resulting from this RFQ shall be made to the responsive and responsible company whose quotation is determined to be in the best interests of Oconee County, taking into consideration the cost and the evaluation factors set forth herein. Oconee County will be the sole judge as to whether a quotation has satisfactorily met the requirements of this RFQ.

*Representatives of Oconee County will evaluate individual quotations. Any Company determined to be technically unqualified, or whose quotation is deemed unresponsive, will not be considered further. Any Company that has demonstrated poor performance during either a current or previous agreement with Oconee County may be considered as an unqualified source and their quotation may be rejected. Oconee County reserves the right to exercise this option as is deemed proper or necessary.*

**EXHIBIT B TO SECTION 2:  
STATEMENT OF ASSURANCE, COMPLIANCE, AND NON-COLLUSION**

**RFQ 22-106Q Airport Transportation Services**

STATE OF \_\_\_\_\_ )  
  ) )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, deposes and says that:

- (1) The undersigned, as Company, certifies that every provision of this quotation has been read and understood.
- (2) The Company hereby provides the following representations and assurances:
  - (a) The Company represents that it has familiarized itself with and assumes full responsibility for having familiarized itself with the nature and extent of this RFP, the Work, the locality, local conditions, state, and local laws, ordinances, rules and regulations, as well as all applicable statutes, regulations, executive orders (EOs), Office of Management and Budget (OMB) circulars, terms and conditions, and approved applications; all as may be applicable to the Project and the Work or that may in any manner affect performance of the Work, of this RFQ. The Company further represents that it has correlated its Quotation with the requirements of this RFQ; and
  - (b) The Company shall comply with all requirements, stipulations, terms and conditions as stated in this RFQ; and
  - (c) The Company currently complies with all Federal, State, and local laws and regulations regarding employment practices, equal opportunities, industry and safety standards, performance and any other requirements as may be relevant to the requirements of this RFQ; did not participate in the development or drafting specifications, requirements, statement of work, etc. relating to this RFQ; and
  - (d) The Company has not colluded with other companies possibly interested in this RFQ in arriving at or determining prices and conditions to be submitted; and
  - (e) No person associated with the Company is an employee of Oconee County. Should Company have any currently existing agreements with the County, Company must affirm that said contractual arrangements do not constitute a conflict of interest in this solicitation; and
  - (f) Such agent as indicated below, is officially authorized to represent the firm in whose name the quotation is submitted.

\_\_\_\_\_  
(Name of Corporation or Entity)

By: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

Title: \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for the State of \_\_\_\_\_, do hereby certify

\_\_\_\_\_, by \_\_\_\_\_, its \_\_\_\_\_  
(Name of Corporation or Entity) (Signatory) (Title of Signatory)

personally appeared before me this day and acknowledged the due execution of the foregoing.

Witness by my hand this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## SECTION 3: QUOTATION FORM

Name of Party making the Quotation: \_\_\_\_\_

To: Procurement Director for Oconee County

Re: RFQ 22-106Q OCONEE COUNTY REGIONAL AIRPORT TRANSPORTATION SERVICES

1. Pursuant to RFQ # 22-106Q including all accompanying and referenced documents, the undersigned submits the following:

**A) Qualifications/Capabilities of the Company**

Professional Qualifications, safety training, certifications, personal background and resumes. This section of the quotation must describe the Company, including the size, range of activities, etc. The Company must emphasize its expertise in, and experience with, similar programs. The quotation must identify the primary individuals responsible. The Company shall provide the County with the resumes of the primary individuals, professional qualifications, safety certifications and experience of these individuals.

**B) Experience with Providing similar services**

A detailed description of the general experience of the company and examples of specific experience on projects of similar scope. Describe what differentiates the company and quotation from competitors.

**C) Scope of Services - Business Plan, safety plan, explanation of what services will be provided.**

This section will summarize in a brief and concise manner, the Company's understanding of the Scope of Services requested. Address all items listed in the Scope of Services section and explain how each requirement will be met.

**D) Subcontractors - The name, experience and percentage of work to be performed by any subcontractors who shall receive any subcontract. If no Subcontractors your quotation must state NO Subcontractors will be utilized for the contract.**

**E) Compensation: State the fee schedule for transportation services.**

**F) Insurance: Attach an Insurance Accord/Certificate showing insurance requirements stated in, Section (2) Insurance (page 5).**

2. Each individual Quotation shall be evaluated based on the requirements and specifications and all other portions of the Quotation documents, and shall include all items necessary to perform the services, including the assumption of all obligations, duties, and responsibilities necessary to the successful completion of all obligations of the Agreement.
3. It is understood and agreed that if awarded, the party making the Quotation will execute and deliver to the County the Agreement, as well as certificates of insurance on or before the tenth (10th) day following receipt of County's Notice to Proceed or prior to signing of agreement.
4. The party making the quotation hereby certifies that it has all required licenses necessary to provide all services contemplated in this RFQ; that such licenses will be in full force and effect throughout the

duration of performance under the agreement; and that any and all subcontractors to be employed by the undersigned will have appropriate licenses.

5. The party making the quotation hereby certifies that it is, and at all times during the performance of work hereunder shall be, in full compliance with the provisions of set forth in Chapter 14 of Title 8 of the South Carolina Code of Laws, 1976, as amended, and the Immigration Reform and Control Act of 1986 ("IRCA") in the hiring of its employees, and the party making the quotation shall indemnify, hold harmless, and defend the County against any and all actions, proceedings, penalties, or claims arising out of the party making the Quotation's failure to comply strictly with the foregoing.
6. It is understood and agreed that if requested by the County, the party making the Quotation shall furnish additional notarized financial statements, references, and other information required by the County sufficiently comprehensive to permit an appraisal of the party making the Quotation's ability to perform the Agreement.
7. The undersigned hereby warrants that all services shall be completed in a timely fashion pursuant to the Agreement. Time is of the essence.

**THE UNDERSIGNED** hereby declares that all of the representations of this Quotation are made under penalty of perjury under the laws of the State of South Carolina.

\_\_\_\_\_  
(Name of Corporation or Entity)

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

ATTEST:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_